

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number
101501257

CLAIMS AS FILED – PART I

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(e))		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	*
INDEPENDENT CLAIMS (37 CFR 1.16(f))	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		(37 CFR 1.16(d))

* if the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED – PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A. <u>3/15/05</u>	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(b))	19	Minus " 20	= —
Independent (37 CFR 1.16(b))	3	Minus ... 3	= —

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))

TOTAL

RATE	FEES
X \$ ____	= _____
X \$ ____	= _____
+ \$ ____	= _____
TOTAL	_____

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(e))	*	Minus	** =
Independent (37 CFR 1.16(f)(i))	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

SMALL ENTITY	
RATE	ADDITIONAL FEE
X \$ <u>25</u> =	
X \$ <u>100</u> =	
+ \$ <u>180</u> =	
TOTAL	
ADDITIONAL FEE	

OTHER THAN SMALL ENTITY	
RATE	ADDI- TIONAL FEE
X \$ 50 =	
X \$ 20 =	
+ \$ 160 =	
TOTAL	
ADD'L FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total <small>(17 CFR 1.16(d))</small>	*	Minus **	*
<small>(17 CFR 1.16(d))</small>		Minus	

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.16(d))

RATE	ADDITIONAL FEE
X \$ <input type="text"/>	<input type="text"/>
X'S <input type="text"/>	<input type="text"/>
+ \$ <input type="text"/>	<input type="text"/>
TOTAL	<input type="text"/>
ADD'L FEE	

RATE	ADDITIONAL FEE
X \$. =	
+ \$. =	
TOTAL ADD'L FEE	

If the entry in column 1 is less than or equal to the entry in column 2, write "1" in column 3.
 If the "Highest Number Previously Paid-For" in THIS SPACE is less than 20, enter "20".
 If the "Highest Number Previously Paid-For" in THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid-For" (Total or Independent) is the highest number found in the appropriate box in column 1.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.